

Case Number:	CM15-0210583		
Date Assigned:	10/29/2015	Date of Injury:	10/13/2008
Decision Date:	12/15/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45 year old male, who sustained an industrial injury on 10-13-2008. Diagnoses include lumbar sprain, lumbar spondylosis, and right hip degenerative joint disease. Treatments to date include activity modification, home exercise, and medication therapy. On 9-11-15, he complained of ongoing low back pain and right hip pain with increased pain with walking. The current medications were not listed; however, medication prescribed on this date included Norco, Voltaren, and Norflex. The records indicated Norco had been prescribed for at least six months, and Voltaren prescribed the previous month. There was no objective documentation submitted for this review regarding medication efficacy on pain relief or functional ability. There was no documentation regarding an opioid agreement, CURES, risk or urine toxicology having been addressed. The physical examination documented no changes in clinical findings from previous evaluations. There was lumbar tenderness and limited range of motion. The straight leg raise test was positive. There was painful decreased range of motion in the hip noted. The plan of care included a scheduled therapeutic injection to the right hip and prescriptions for previously prescribed medications. The appeal requested authorization for Norflex 100mg tablets #60 with two refills. The Utilization Review dated 9-25-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norflex 100mg #60 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Norflex is a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. Patient appears to be on these medications chronically. The number of tablets and refills prescribed does not support intermittent use but likely chronic use which is not recommended as per MTUS Chronic pain guidelines. There is no reported benefit with this medication. Norflex is not medically necessary.